Attachment G
SECTION 1: INTRODUCTION TO ACA & YOUR ROLE

• Module 1: Introduction to the Affordable Care Act (ACA) and Your Role
  ▪ This module will help you inform consumers about key features of the ACA, and help you understand your role as an Assistor.
  ▪ Length ≈ 30 minutes
  ▪ Module sections:
    ▪ Section 1: The Affordable Care Act (ACA)
    ▪ Section 2: Your Role as an Assistor
  ▪ Printable Module
  ▪ Printable resources:
    ▪ Small Business Marketplace

• Module 2: Privacy and Security
  ▪ The module will help you ensure consumers’ information is kept safe and confidential.
  ▪ Length ≈ 45 minutes
  ▪ Module sections:
    ▪ Section 1: Single Streamlined Application
    ▪ Section 2: Health Insurance Portability and Accountability Act (HIPAA)
    ▪ Section 3: HIPAA and Your Job
    ▪ Section 4: HIPAA Violations
  ▪ Printable Module
  ▪ Printable resources:
    ▪ Privacy and Security Requirements Agreement
    ▪ HIPAA and Domestic Violence Information
    ▪ Document Handling Memo
    ▪ Incident and Breach Reporting
    ▪ Instructions for Sending Encrypted Emails
    ▪ Information about Authorized Representatives

• Module 3: Understanding the NY State of Health
  ▪ This module will help you work with consumers to apply for insurance on the Marketplace so they can choose a plan that meets their health insurance needs.
  ▪ Length ≈ 20 minutes
  ▪ Module sections:
    ▪ Section 1: The NY State of Health
    ▪ Section 2: Types of Health Insurance
    ▪ Section 3: Helping Consumers Apply in the Marketplace
SECTION 2: TYPES OF HEALTH INSURANCE

- **Module 4: Medicaid and Child Health Plus**
  - This module will help you inform consumers about features of Medicaid and Child Health Plus programs and their eligibility requirements.
  - Length ≈ 50 minutes
  - Module sections:
    - Section 1: Medicaid Overview & Eligibility Requirements
    - Section 2: More About Medicaid: Managed Care, Fee-for-Service, Emergency Medicaid, Medicaid Reimbursement
    - Section 3: Medicaid Enrollment Period
    - Section 4: Child Health Plus
    - Section 5: Other Public Health Insurance Programs

- **Module 5: Essential Plan**
  - This module will enable you to answer questions and provide accurate information to consumers who are eligible for Essential Plan.
  - Length ≈ 35 minutes
  - Module sections:
    - Section 1: Essential Plan Overview & Eligibility Requirements
    - Section 2: Essential Plan Benefits and Costs
    - Section 3: Enrollment Periods and Premium Payments
• Module 6: Qualified Health Plans
  o This module will help you explain to consumers how health insurance in the Marketplace works, and the health care costs they will have to consider when it comes time for consumers to apply for insurance and to choose a plan that best meets their needs.
  o Length ≈ 75 minutes
  o Module sections:
    ▪ Section 1: Common Health Insurance Terms
    ▪ Section 2: Qualified Health Plans (QHPs)
    ▪ Section 3: Enrollment Periods
  o Printable Module
  o Printable resources:
    ▪ 2016 Essential Health Benefits
    ▪ 2016 Standard Plan Benefits and Cost Sharing
    ▪ Enrollment Periods
    ▪ Individual Marketplace Plans by County

• Module 7: Federal Subsidies
  o This module will help you understand the federal subsidy programs available on the Marketplace that will help make consumers’ QHPs more affordable, called the Premium Tax Credit (PTC) and the Cost Sharing Reduction (CSR).
  o Length ≈ 35 minutes
  o Module sections:
    ▪ Section 1: Federal Subsidies
    ▪ Section 2: Premium Tax Credit (PTC)
    ▪ Section 3: Cost Sharing Reduction (CSR)
  o Printable Module
  o Printable Resources:
    ▪ APTC Cover Letter
    ▪ APTC FAQs on Form 1095-A
    ▪ APTC Expected Premium Contribution
    ▪ PTC and CSR Tax Filing Rules

SECTION 3: SKILL BUILDING

• Module 8: Assistor Role and Requirements
  o This module will help you understand your role and work effectively with consumers to ensure that they are getting health insurance coverage that meets their needs.
  o Length ≈ 15 minutes
  o Module sections:
    ▪ Section 1: Role and Requirements of Assistors
• Module 9: Communication
  o This module will help you communicate with and engage consumers, making them feel comfortable sharing information with you and confident that they will receive an accurate eligibility determination and enroll in a health plan that will best meet their needs.
  o Length ≈ 30 minutes
  o Module sections:
  ▪ Section 1: Communication, Engagement and Customer Service
  ▪ Section 2: Communication and Engagement Strategies and Skills
  ▪ Section 3: Overcoming Challenges to Communication and Engagement
  o Printable Module
  o Printable Resources:
  ▪ Types of Questions

• Module 10: Cultural Competency
  o This module will provide you with the knowledge and skills to make all consumers feel accepted, respected, and valued.
  o Length ≈ 30 minutes
  o Module sections:
  ▪ Section 1: Diversity in New York State
  ▪ Section 2: Cultural Competency
  ▪ Section 3: Linguistic Competence
  ▪ Section 4: Disability Assistance
  ▪ Section 5: Practice
  o Printable Module
  o Printable Resources:
  ▪ Cultural Competency Worksheet

MODULE 11: ASSESSMENT

SECTION 4: MARKETPLACE APPLICATION

• Module 12: Identity Proofing
This module will help you to assist consumers with creating an account and completing the first steps of the application in the Marketplace.

Length ≈ 40 minutes

Module sections:
- Section 1: Information Required for the Marketplace Application
- Section 2: Creating a Marketplace Account
- Section 3: Entering Information for Identity Proofing
- Section 4: When an Identity Cannot be Verified
- Section 5: Identity Verification

Printable Resources:
- Authorized Representative Designation and Identity Verification Forms
- DOH 5090: Attestation of Identity
- DOH 5088: Verifying your Identity
- Fax Cover Page Identity Proofing
- Identity Proofing Failure Manual
- DOH 5091: Verifying Identity of Children Under 18

Module 13: Household Size
- This module will help you ensure consumers enter correct information so their household size is counted correctly and they receive an accurate eligibility determination.
- Length ≈ 75 minutes
- Module sections:
  - Section 1: Why Does Household Size Matter?
  - Section 2: Who Goes on a Consumer’s Application?
  - Section 3: Rules for Counting Household Size
  - Section 4: How to Build a Consumer’s Household
  - Section 5: Additional Questions about Household Members
  - Section 6: Address Screens
  - Section 7: Review Household Information

Printable Resources:
- Request for Additional Information – Documentation List
- Citizenship-Immigration Documentation List

Module 14: Household Income
- This module will help you ensure consumers enter correct information so their household income is counted correctly and they receive an accurate eligibility determination.
- Length ≈ 40 minutes
- Module sections:
  - Section 1: Entering Tax Status
  - Section 2: Entering Income Information
  - Section 3: Income Discrepancies

- **Printable Module**
- **Printable Resources:**
  - Income Documentation
  - Income Dropdown Options
  - Dependent Income and Title II

- **Module 15: Additional Information and Eligibility Determination**
  - This module will help you to assist consumers with completing their application and receiving an accurate eligibility determination.
  - **Length** ≈ 55 minutes
  - **Module sections:**
    - Section 1: Additional Information Overview
    - Section 2: Additional Information: Absent Parent
    - Section 3: Additional Information: Other Insurance
    - Section 4: Additional Information: Residency Test
    - Section 5: Additional Information: Incarceration
    - Section 6: Additional Information: Reviewing and Submitting the Application
    - Section 7: Eligibility Determination

- **Printable Module**
- **Printable Resources:**
  - Other Types of Health Insurance
  - Good Cause Documentation for Absent Parent Information
  - 2016 FPLs
  - 2016 FPLs for QHP and EP

- **Module 16: Documentation Requirements**
  - This module will help you ensure consumers understand documentation requests and submission process, when documentation is requested by the Marketplace.
  - **Length** ≈ 20 minutes
  - **Module sections:**
    - Section 1: Marketplace Documentation Requests
    - Section 2: Documentation Submission Process
    - Section 3: Documentation Due Dates

- **Printable Module**
- **Printable Resources:**
  - Documentation Checklist
• Module 17: Application Instructions Video
  o This module presents a video of an application in the NY State of Health.
  o Length ≈ 20 minutes
    ▪ DISCLAIMER: This video provides an overview of an application on the NY State of Health. It is intended to provide you with a sense of the overall application flow and questions, but is not an exact representation of an application. Some of the screens and questions have been updated since the making of this video.

SECTION 5: CHOOSING A PLAN
• Module 19: Choosing a Health Plan
  o This module will give you the tools to help consumers understand what they should consider in selecting a plan that best meets their needs and priorities.
  o Length ≈ 75 minutes
  o Module sections:
    ▪ Section 1: Assisting with Plan Selection
    ▪ Section 2: Plan Considerations: Medicaid Managed Care and Child Health Plus
    ▪ Section 3: Plan Considerations: Essential Plan
    ▪ Section 4: Plan Considerations: Qualified Health Plans (QHPs)
    ▪ Section 5: Projecting Costs of QHPs and Full-Pay Child Health Plus Plans
    ▪ Section 6: Using Marketplace Search Tools and Selecting a Plan
  o Printable Module
  o Printable Resources:
    ▪ Essential Plan Benefits and Costs Summary
    ▪ QHP Out-of-Pocket Costs
    ▪ Types of Costs
    ▪ Consumer Wants and Needs
    ▪ Plan Naming Format

SECTION 6: CLOSING
• **Module 20: Complaints and Appeals**
  o This module will provide you with the information you need to appropriately address consumer issues with Marketplace service and eligibility determinations.
  o Length ≈ 30 minutes
  o Module sections:
    ▪ Section 1: What are Complaints & Appeals
    ▪ Section 2: Complaint Process
    ▪ Section 3: Appeals Process
  o **Printable Module**
  o **Printable Resources:**
    ▪ Individual Marketplace Appeals Process
    ▪ Insurance Coverage Appeals
    ▪ Small Business Marketplace Appeals Process

• **Module 21: Assistor Next Steps**
  o This module will help you understand the next steps to take as an Assistor upon completion of this certification program.
  o Length ≈ 30 minutes
  o Module sections:
    ▪ Section 1: Assistor Registration Process
    ▪ Section 2: Creating an Assistor Account
    ▪ Section 3: Adding and Managing Consumers
    ▪ Section 4: Assistor Resources
  o **Printable Module**
  o **Printable Resources:**
    ▪ Individual Marketplace Appeals Process
    ▪ Small Marketplace Appeals

• **Module 22: Key Takeaways**
  o This module provides a summary of the key knowledge and skills covered in the NY State of Health Assistor Certification Program.
  o Length ≈ 70 minutes
  o Module sections:
    ▪ Section 1: Introduction to the ACA and Your Role Review
    ▪ Section 2: Types of Health Insurance Review
    ▪ Section 3: Assistor Skill Building Review
    ▪ Section 4: Completing the Marketplace Application Review
    ▪ Section 5: Choosing a Plan Review
    ▪ Section 6: Closing Review
  o **Printable Module**
  o **Printable Resources:**
MODULE 23: ASSESSMENT

- HIPAA and Domestic Violence
- Commercial Insurance Terms Resource
- PTC and CSR Tax Filing Rules
- Insurance Programs Summary
- ID Proofing Failure manual
- MAGI Income Fact Sheet
- Consumer Wants and Needs
- Plan Selection: Must Haves
- Plan Naming Format
1. Introduction

1.1 Introduction

Assistor Online Certification Training

This program contains audio. Please adjust your speaker settings as necessary. The screen loading time varies based on your internet connection and computer speed.

Notes:

Hello, and welcome to the NY State of Health Assistor online certification training program. This program will certify you to work as an Assistor with the NY State of Health, New York’s official Health Plan Marketplace (also called the Marketplace). Before you begin, please be sure to check your speaker settings and make any adjustments as necessary.
1.2 Navigation

Click the right arrow to move to the next screen.

Click the left arrow to move to the previous screen.

Use the MENU button to move to a different section or different screen within the module.

Click the CC button to view or hide a transcript of the audio.

Click the HELP button to view this Help screen.

Click on a Page Indicator to move to that page.

Click the Audio button to toggle the audio on/off.

Click the Play/Pause button to play or pause the current screen.

Click the Replay button to restart the screen from the beginning.

Note: Some navigation features may be inactive until the screen is completed.

Notes:

Working your way through this training program is easy. Read about each navigation element, then click the right arrow when you’re ready to move on. Click the Help button at any time to review the navigation instructions again.
1.3 Additional Course Information

**Notes:**

Throughout this program, you will be learning information and practicing skills by reading, listening and interacting. You will at times be asked to “Click” on different parts of the screen for more information; when this is the case, you must click every button on the screen before you will be allowed to move on. All information presented is critical in helping you do your job.

If you ever feel that you are unsure about a particular concept, you can review that section of the module at any time, and go back to repeat previous modules.

All modules will have additional “Resources” that you can link to during the module, and print out anything that will help you in your day-to-day work.

Finally, many of the modules contain short knowledge checks to help reinforce the concepts. These are ungraded. Remember, though, that there are three graded Assessments you must pass.

Once you’ve gone through the entire program, and passed all three tests, you will be certified as an Assistor to work with the NY State of Health!
1.4 Overview

Notes:

In this training program, you will build the knowledge and skills needed to help consumers enroll into New York’s health insurance programs through the Marketplace. The total length of these online modules is approximately 15 hours, and you will have one month to successfully complete all of the modules.

To become an Assistor with the NY State of Health, you will be traveling on a “Road to Certification.” In each section of your journey, you will gather knowledge and skills in different topic areas. Upon completing all of the modules, and passing the assessments, you will reach your destination of certification. Note that you must pass the assessments with a score of 70%. If you do not pass the first time, you can retake them as many times as you need to.

In the first section of your journey, you will get an introduction to the Affordable Care Act and your role as an Assistor. You will also review the NY State of Health, which is the state’s Official Health Plan Marketplace.

In the next section of your journey, you will learn more in-depth about the different types of health insurance available on the Marketplace.

The next section will help you build skills that are relevant to your role including specific requirements related to your job, communication strategies and skills, and cultural competency.
Then, you will pull over at your first “pit stop” to take an assessment on the information you learned on your journey to that point.

Next, you will “hit the road” again to learn about Completing the Marketplace application and how the Marketplace makes its eligibility determination. You’ll then pull over to your next “pit stop” to take the second assessment.

The next section of your journey is about helping consumers select a health plan.

The last part of your journey will include modules that will help wrap up the training program. They cover consumer complaints and appeals, how to register yourself as an Assistor, using the Assistor dashboard, and key takeaways.

After the last “pit stop,” which consists of a brief assessment, you will have reached your final destination on the road to certification! Once you have completed this certification process, you will receive a unique identification number which you will use every time you conduct business on the NY State of Health Marketplace. You can then begin working as an Assistor!

Click here to access a list of all the modules in this program, along with brief descriptions, objectives, and section headings.

Click the right arrow to begin Module 1.
1.5 Welcome

Module 1: Introduction to the Affordable Care Act (ACA) and Your Role

Notes:

This module will provide you with an introduction to the Affordable Care Act, and to your role as an Assistor.

Assistors are instrumental to the success of the Marketplace, and to ensuring that the most vulnerable populations get enrolled into affordable health insurance. You have been selected by your employer to become an Assistor, and serve this important role in your respective community.
1.6 Overview

This module provides an overview of:

• Features of the Affordable Care Act (ACA)
• Your role as an Assistor
• Importance of the ACA and your role

This module will help you inform consumers about key features of the ACA, and help you understand your role as an Assistor.

Notes:

This module first explores key features of the Affordable Care Act and how it makes it easier for New Yorkers to access high-quality, affordable health insurance. It's important that you understand the changes the ACA has made to the health care system in the US, and in particular, the benefits of the ACA for families and small businesses in New York State. This section includes an explanation of penalties for consumers who do not enroll in a health plan, which is part of something called the “individual mandate.” The module then provides a brief introduction to your role as an Assistor. Finally, we will recap the importance of the ACA and your role as an Assistor.

This module will help you provide information and answer consumer questions about key features of the ACA, and help you understand your role as an Assistor.
2. Section 1

2.1 Section 1 Introduction

Notes:
The ACA makes it easier for New Yorkers to access high-quality, affordable health insurance, and it's important that you understand the key features of the ACA, so that you can describe the benefits of the ACA for individuals and small businesses. Let's explore the law a little more closely.
2.2 Goals of ACA

**Goals of ACA**

CLICK ON THE GRAPHICS TO LEARN MORE ABOUT EACH ACA GOAL.

**GOAL #1:**
Increase access to health care coverage for all Americans

**GOAL #2:**
Introduce new protections for people who already have health insurance

Notes:

In March of 2010, President Obama signed the ACA into law. The first major goal of the ACA is to increase access to affordable, high-quality health care coverage for all Americans. The second major goal of the ACA is to introduce new protections for people who have health insurance. Let's look at each goal in more detail. Click on the graphic to learn more about each ACA goal. When you have finished with one, review the next goal before moving on to finish the module.
2.3 Goal 1: Increasing Access for All Americans

Goal 1: Increasing Access for All Americans

CLICK EACH TOPIC TO READ MORE ABOUT THE WAYS THAT THE ACA HELPS AMERICANS GAIN ACCESS TO HEALTH CARE COVERAGE. YOU MUST CLICK ON ALL TOPICS BEFORE MOVING ON.

- Medicaid Expansion
- Creation of Federal Subsidies for Individuals
- Coverage for Young Adults
- Creation of the Small Business Marketplace
- Creation of the Marketplace
- Creation of Small Business Tax Credits

Notes:

The ACA increases access to affordable, high-quality health insurance in a few different ways. Click each topic to read more about the ways that the ACA helps Americans gain access to health care coverage. You must click on all topics before moving on.
Goal 1: Increasing Access for All Americans

States were given the option to expand their Medicaid eligibility guidelines, which meant raising the income limit guidelines so that more low-income individuals could be eligible for public health insurance coverage. By expanding eligibility criteria for Medicaid, more New Yorkers are eligible for public health insurance.

Source retrieved from:
http://www.dhs.ny.gov/consumer/Tags/Tags_56010_Age29_make.htm

Goal 1: Increasing Access for All Americans

For individuals whose income is too high to qualify for Medicaid or Child Health Plus, the federal government created programs to help cover the costs of insurance. These programs are considered "subsidies" and help consumers to purchase insurance and pay for health care services. Eligible individuals are only able to get this federal assistance when they buy health insurance through the Marketplace.

Source retrieved from:
http://www.dhs.ny.gov/consumer/Tags/Tags_56010_Age29_make.htm
Goal 1: Increasing Access for All Americans

The ACA permits young adults to remain on their parents' insurance until their 26th birthday. This rule applies to both job-based plans and individual plans bought inside or outside the Marketplace. In New York State, parents and employers already had the option to permit eligible young adults to continue or obtain coverage on a parent's group policy through the age of 29.

Source: Retrieved from
http://www.dfs.ny.gov/consumer/faqs/faqs_56030_Age29_make.htm

Goal 1: Increasing Access for All Americans

NY State of Health includes two marketplaces: the Individual Marketplace and the Small Business Marketplace. The Small Business Marketplace has been designed to offer small employers an easier way to compare and offer plans to their employees. Employers may continue to purchase insurance through the market outside of the Small Business Marketplace if they so choose. Some Assistor organizations are authorized to assist consumers with the Small Business Marketplace; those Assistors who are eligible to assist with the Small Business Marketplace will be advised by their employers about additional required training.

Source: Retrieved from
http://www.dfs.ny.gov/consumer/faqs/faqs_56030_Age29_make.htm
Goal 1: Increasing Access for All Americans

The ACA has created online health plan marketplaces, which allow consumers to easily compare their health insurance options and enroll in insurance. Health Plan Marketplaces have enabled people to easily purchase affordable, high-quality health insurance. Under the ACA, states were given the option to operate their own Health Plan Marketplace, or have the federal government operate the marketplace in their state through HealthCare.gov. In April 2012, Governor Cuomo signed an Executive Order establishing a Marketplace in New York, and in July 2012 formally declared to the federal government that New York State would run its own Marketplace, to be called the NY State of Health.

Source retrieved from:
http://www.dhs.ny.gov/consumer/faqs/tags_56010_Age29_make.htm

The ACA also provides eligible small employers with tax credits to offer health insurance for their employees. In 2014, a small employer was defined as an employer that had 50 or fewer benefit eligible employees. Effective January 1, 2016, the Small Business Marketplace expands to cover small employers with 100 or fewer eligible employees.
2.4 Goal 2: Protection for People with Health Insurance

Why would someone need protection?

- I couldn’t get coverage because I had breast cancer 15 years ago.
- I had to pay more because I’m a woman.
- I had a heart attack. My insurance would only cover a certain amount of my healthcare expenses.

Notes:

Why would somebody who already has health insurance need protection? This is because before the ACA, in some states, insurance company practices meant that people could end up paying a lot more than they had bargained for if they ever got sick. These practices included denying people coverage or charging them more if they were already sick; charging women more than men for insurance; and limiting the dollar amount that insurance would cover if someone had very expensive medical costs. New York State insurance laws already did not allow these insurance company practices and the ACA extends these rules across all states.
2.5 Goal 2: Protection for People with Health Insurance

Click on each topic to read more about the ways that the ACA protects people with health insurance. You must click on all topics before moving on.

Essential Health Benefits
Denying Coverage for Pre-Existing Conditions
Discrimination Prohibited
Annual and Lifetime Dollar Amounts Eliminated

Notes:

Click below to read more about the ways that the ACA protects Americans with health insurance. You must click on all topics before moving on.

Essential Health Benefits
Denying Coverage for Pre-Existing Conditions
Discrimination Prohibited
Annual and Lifetime Dollar Amounts Eliminated

These are the 10 services that must be covered by all health plans offered on the Marketplace. They include services in ten different categories, which are:

1. Ambulatory Patient Services
2. Hospitalization
3. Mental Health and Substance Use Disorder Services
4. Prescription drugs
5. Preventive and Wellness and Chronic Disease Management
6. Emergency services
7. Maternity and newborn care
8. Rehabilitative and Habilitative Services and Devices
9. Laboratory Services
10. Pediatric services, including oral and vision care

In addition to these federally required Essential Health Benefits, New York State requires that plans cover additional benefits, such as coverage for Autism spectrum disorder. You will learn more about these Essential Health Benefits in Module 6.
Goal 2: Protection for People with Health Insurance

CLICK ON EACH TOPIC TO READ MORE ABOUT THE WAYS THAT THE ACA PROTECTS PEOPLE WITH HEALTH INSURANCE. YOU MUST CLICK ON ALL TOPICS BEFORE MOVING ON.

- Essential Health Benefits
- Denying Coverage for Pre-Existing Conditions
- Discrimination Prohibited
- Annual and Lifetime Dollar Amounts Eliminated

Beginning in 2014, the ACA makes it illegal for insurance companies in all states to deny coverage or charge more to people who have “pre-existing conditions”. A pre-existing condition could be a condition such as heart disease, cancer, asthma, HIV/AIDS, or diabetes.

Goal 2: Protection for People with Health Insurance

CLICK ON EACH TOPIC TO READ MORE ABOUT THE WAYS THAT THE ACA PROTECTS PEOPLE WITH HEALTH INSURANCE. YOU MUST CLICK ON ALL TOPICS BEFORE MOVING ON.

- Essential Health Benefits
- Denying Coverage for Pre-Existing Conditions
- Discrimination Prohibited
- Annual and Lifetime Dollar Amounts Eliminated

The ACA also prohibits qualified health plan issuers in all states from discriminating based on race, color, national origin, disability, age, sex, gender identity, and sexual orientation. This type of discrimination was previously a barrier for many people attempting to gain access to affordable health care coverage. In carrying out Marketplace activities, assistors must not discriminate based on race, color, national origin, disability, age, sex, gender identity, or sexual orientation.
The ACA has eliminated annual and lifetime dollar limits on coverage of the Essential Health Benefits, prohibiting insurance companies from imposing these limits. Before the ACA, many Americans with serious illnesses that require expensive treatment, such as cancer, risked hitting lifetime limits on the dollar amount their insurance companies would cover for their health care benefits. This is no longer allowed. However, it is important to remember that there can still be visit limits on coverage. For example, your health insurance plan may cover 10 mental health visits per year, or 15 physical therapy visits. If you were to use more than this number of visits, you would have to pay full price. New York State, however, had previously implemented this exclusion before the ACA was passed.
2.6 ACA Timeline

When did all of this happen? Drag the icon along the timeline to learn more about the history of the ACA.

- ACA signed into law: March 23, 2010
- Marketplace went live: October 1, 2010
- First open enrollment period began: October 1, 2013
- Over 3.6 million New Yorkers enrolled: Now
- New York’s Health Plan Marketplace established: April – December 2012
- Coverage for all new plans began: January 1, 2014

Notes:

When did all of this happen? Drag the icon along the timeline to learn more about the history of the ACA.

It all began on March 23, 2010, when President Obama signed the ACA into law. With the signing of this law, some changes were implemented immediately, while others have been implemented over time.

You may recall that states were given the option of running their own Marketplaces: on April 12, 2012, Governor Cuomo issued Executive Order #42 to establish a State Based Marketplace, which established the Marketplace within the Department of Health. In July, Governor Cuomo sent a Declaration Letter to the Department of Health and Human Services confirming New York’s decision, and in December, New York received conditional accreditation from HHS to operate its own State Based Marketplace.

October 1, 2013, was a very important date for two reasons: it was the “Go Live” date for the Marketplace, and the start of the first Open Enrollment period, which ran from October 1, 2013 to March 31, 2014.

Finally, on January 1, 2014, coverage for all of the new plans began.
NY State of Health has had tremendous success in implementing the ACA since coverage began in 2014. NY State of Health has continued to expand its outreach efforts to ensure that every New Yorker knows that affordable health care options are available, and has enrolled over 3.6 million consumers into affordable health insurance through the Marketplace.
2.7 ACA Basics

Renee is a 43 year old woman who meets with you to get assistance with enrolling in health insurance. She asks you "What is the ACA?"

CLICK ON THE RESPONSE YOU WOULD USE.

- The ACA makes sure that all Americans have access to health insurance that meets their needs and that they can afford, no matter their race, gender or health status.
- The ACA means that some people can access health insurance, which works like it did before except that now insurance companies can't deny people coverage if they are already sick.
- The ACA ensures that everyone who cannot afford health insurance can enroll in Medicaid.

Notes:

Renee is a 43 year old woman who meets with you to get assistance with enrolling in health insurance. She asks you “What is the ACA?” Click on the response you would use.
Reene is a 43 year old woman who meets with you to get assistance with enrolling in health insurance. She asks you “What is the ACA?”

**CLICK ON THE RESPONSE YOU WOULD USE.**

- The ACA makes sure that all Americans have access to health insurance that meets their needs and that they can afford, no matter their race, gender or health status.
- The ACA means that some people can access health insurance, which works like it did before except that now insurance companies can’t deny people coverage if they are already sick.
- The ACA ensures that everyone who cannot afford health insurance can enroll in Medicaid.

**CORRECT!**
The ACA has increased access to health insurance so everyone can enroll in a plan, and not be discriminated against based on their race, age, gender or whether they have a pre-existing condition.
2.8 Insurance Requirements

Insurance Requirements

- No insurance = tax penalty
- "Individual Mandate"
- Plans must meet "Minimum Essential Coverage (MEC)"
- Exemptions are available for certain individuals

Exemptions from the Requirement to Have Health Insurance
FAQs on 1095-A and B

It is not illegal to not have health insurance, just may have to pay penalty

Notes:

You have probably heard that under the ACA, people are required to have health insurance or pay a penalty. There are certain exemptions to this requirement. This requirement is called the "Individual Mandate". Let's look at it a little more closely.

The ACA's Individual Mandate requires everyone to have health insurance. Individuals are required to be enrolled in health coverage that meets "Minimum Essential Coverage" standards, which are defined by the ACA. All insurance plans offered on the Marketplace meet these standards, as do most types of Employer-Sponsored Coverage. Plans which cover only limited benefits, such as vision or dental-only plans, or accident or disability policies, do not qualify as Minimum Essential Coverage.

Individuals who meet certain criteria may apply for an exemption from this federal penalty. This includes individuals who cannot afford coverage, members of Federally Recognized Tribes, members of recognized religions with an objection to health insurance, and individuals who are not required to file tax returns. HHS or the IRS will certify individuals as exempt; no one can decide on their own to exempt themselves.

Click on the "Exemptions from the Requirement to Have Health Insurance" link for more information on how and where a consumer can apply for an exemption.

If individuals do not have health insurance that meets minimum essential coverage standards, and have not obtained an exemption from HHS or the IRS, they may be subject to an IRS penalty, which will apply when they file taxes in the year following the year without insurance. Consumers
may receive a form 1095-A or a form 1095-B which they then use when filing their taxes to
demonstrate the months during that year in which they had health insurance. To learn more about
these forms please click on the “FAQs on 1095-A and B” link where you can view and download a
document that contains information about these forms. It is important to know, though, that it is
NOT illegal to not have health insurance; they just may have to pay the tax penalty.
2.9 Penalty Amount

The penalty amount is on a sliding scale that was phased in from 2014 to 2016, and it is paid on the tax returns for the coverage year. The penalty increases every year.

In 2014, the penalty per adult for not having health insurance was either 1% of household income that is above the tax return filing threshold, or $95, whichever was more. The penalty for uninsured children in 2014 was $47.50 per child. Families paying the flat dollar amount did not have to pay more than $285 in 2014.

In 2015, people had to pay the higher of 2% of yearly household income, or $325, per adult. For children under 18, the penalty was $162.50. The maximum penalty for a family using this method was $975.

In 2016 it increased to 2.5% of yearly household income, or $695, per adult. For children under 18, the penalty was $347.50, with a family maximum of $2,085.

After 2016, the IRS will adjust the penalty amount annually to keep up with inflation.

The tax penalty applies if you do not have health care coverage for more than 3 months out of a year. If you have coverage for part of the year, the amount you owe will be pro-rated to reflect the number of months you were without coverage.
3. Section 2

3.1 Section 2 Introduction

Notes:

Now we will look more specifically at the different knowledge and skills required to assist consumers with enrolling in health insurance plans.
3.2 Your Role as a NY State of Health Assistor

Notes:

In order for you to be effective in helping New Yorkers enroll in the Marketplace, you need to understand the ACA, how the ACA will impact the people of New York State, and the role you will play in helping them obtain affordable health insurance. This requires a set of knowledge and skills covered in this online training. Click on each item to read more about the knowledge and skills that are required to be a NY State of Health Assistor. Each of these knowledge and skill sets will be covered later in more detail in this online training.
Your Role as a NY State of Health Assistor

Click on each item to read more about the knowledge and skills required to be an Assistor.

- Affordable Care Act Features
- Privacy and Security Requirements
- Completing the Online Application
- Resources to Assist Consumers in Choosing a Plan
- Complaints & Appeals
Your Role as a NY State of Health Assistor

CLICK ON EACH ITEM TO READ MORE ABOUT THE KNOWLEDGE AND SKILLS REQUIRED TO BE AN ASSISTOR.

- Types of Health Insurance Available
- Choosing a Health Plan

Knowledge of the ACA

Knowledge of the enrollment process

Knowledge of the types of health insurance and plans

Customer Service Skills

- Communication Skills
- Maintaining Neutrality
- Cultural Competency
4. Section 3

4.1 Section 3 Introduction

Notes:

Now that you have learned some important features of the ACA and your role, let’s take a brief, fun quiz to test what you know about the importance of the ACA and Assistors in New York State. Don’t worry if you don’t know the answers, this quiz is ungraded!
4.2 Practice 1

Practice 1

In 2007, 3 years before the ACA was signed into law, what percentage of declared bankruptcies in the United States were medical-related?


Notes:

In 2007, 3 years before the ACA was signed into law, what percentage of declared bankruptcies in the United States were medical-related?
In 2007, 3 years before the ACA was signed into law, what percentage of declared bankruptcies in the United States were medical-related?

61%

Correct!

Additionally, three quarters of these bankruptcies were among people who already had insurance, but were "under-insured" or were dropped from coverage when they became ill. The ACA helps prevent medical-related bankruptcies by helping consumers gain insurance, and protecting consumers' rights when it comes to their health insurance coverage. This is part of why it is so important people have the support they need to enroll in health coverage.

4.3 Practice 2

Practice 2

What percentage of New Yorkers who enrolled through the Marketplace in the 2015 open enrollment period reported that they had no health insurance when they applied?

![Bar chart showing percentage of New Yorkers reporting no health insurance](chart.png)


Notes:

What percentage of New Yorkers who enrolled through the Marketplace in the 2015 open enrollment period had no health insurance when they applied?
Practice 2

What percentage of New Yorkers who enrolled through the Marketplace in the 2015 open enrollment period reported that they had no health insurance when they applied?

[Multiple choice options: 100%, 90%, 80%, 70%, 60%, 50%, 40%, 30%, 20%, 10%, 0%]

89%
Correct!
The ACA aims to get as many Americans insured as possible, and 89% of New York consumers who enrolled through the Marketplace in the 2015 Open Enrollment period reported that they had no coverage when they applied.

4.4 Practice 3

Which of the following is a feature(s) of the ACA?

A. Free preventive services (e.g., wellness/visits, immunizations, screenings)
B. No discrimination against consumers with pre-existing conditions
C. Coverage for children on a parent’s plan, up to age 26
D. All of the above


Notes:

Which of the following is a feature(s) of the ACA?
Which of the following is a feature(s) of the ACA?

Correct!

The ACA increases access to affordable, high-quality health insurance in many ways. All of the benefits listed here are features of the ACA, and you just learned about these and other important features:

• The ACA provides many preventive services at no cost to the consumer.
• It has also created federal legislation preventing insurance companies from discriminating against consumers who are already sick, also known as “having a pre-existing condition.” Insurers in many states used to do this by refusing to cover individuals with pre-existing conditions, charging them more for their plans, or putting exclusions on the policy that would allow the insurer to refuse coverage of any issues related to that illness.
• Also, under the ACA, if a consumer's plan covers children, they can add or keep a child on the health insurance policy until he/she turns 26, though in NY this has been true since 2009, and employers and insurers are allowed to cover children up to age 29.

4.5 Practice 4

How many New Yorkers who enrolled in a health plan in the first year of the ACA worked with an In-Person Assistor?


Notes:

How many New Yorkers who enrolled in a health plan in the first year of the ACA worked with an In-Person Assistor?
Practice 4

How many New Yorkers who enrolled in a health plan in the first year of the ACA worked with an In-Person Assistor?

49%

Correct!

Your job is very important! There is a high demand for in-person assistance when applying for health insurance in the Marketplace. In the first year, over 2.1 million consumers enrolled and 49% of them worked with an Assistor. As of January 2017, of the more than 3.6 million enrolled, 63% of those consumers worked with an Assistor.

4.6 Practice 4 continued

How many New Yorkers who enrolled in a health plan in the second year of the ACA worked with an In-Person Assistor?


Notes:

How about the second year?
Practice 4 continued

How many New Yorkers who enrolled in a health plan in the second year of the ACA worked with an In-Person Assistor?

80%
70%
60%
50%
40%
30%
20%
10%
0%

67%

Correct!

In year two of the ACA, 67% of people who enrolled in a health plan in New York worked with an Assistor.

4.7 Practice 5

By the close of the 2014-15 Open Enrollment period, how many New Yorkers reported that they are satisfied with their health insurance?


Notes:

By the close of the 2014-15 Open Enrollment period, how many New Yorkers reported that they are satisfied with their health insurance?
By the close of the 2014-15 Open Enrollment period, how many New Yorkers reported that they are satisfied with their health insurance?

92%

Correct!

In November 2014, New York State Health Foundation reported that 92% of New Yorkers said they were satisfied with their health insurance.

4.8 Practice 5 continued

By the close of the 2014-15 Open Enrollment period, how many New Yorkers reported that they are using their coverage?


Notes:

How many reported that they are using their coverage?
Practice 5 continued

By the close of the 2014-15 Open Enrollment period, how many New Yorkers reported that they are using their coverage?

84%

Correct!

In November 2014, New York State Health Foundation reported that 84% of consumers who enrolled in insurance through the Marketplace in the first year were using their coverage to access care.

Your role is crucial in ensuring that even more New Yorkers can access coverage.

4.9 Importance of ACA & Assistors

New Yorkers:
- Need and want health insurance
- Use their plans
- Are satisfied with their plans

Your role as an Assistor is crucial to:
- Clarify information
- Answer questions
- Assist consumers with applying for health insurance
- Assist consumers with selecting a health plan that will meet their needs

Notes:

It is clear that New Yorkers need and want health insurance, are using their health insurance plans, and are satisfied with them.

It's also clear that having an in-person assistor to clarify information, answer questions and assist consumers with applying for health insurance and selecting a health plan that will meet their needs, is crucial for ensuring that the most vulnerable people can access the help they need.
4.10 Module recap

Notes:

Let’s recap. In this module, you first learned about key features of the ACA and its major goals, which are to increase access to health care coverage and protect people who have insurance. You then heard a bit about the “Individual Mandate,” which is the federal requirement that people have health insurance or pay a tax penalty. Of course, remember that some people are exempt from this mandate.

Then, you got a brief description of your role.

Finally, you took a brief, ungraded quiz to test your knowledge about why the ACA and Assistors are so important.

If you would like to review any portion of this module, navigate to that section by clicking the menu button.

Now you are ready for the next module where you will learn about privacy and security regulations.